



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

JUN 7 2004

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Gay P. Kent, Director
Product Investigations
General Motors Corporation
Mail Code 480-106-304
30500 Mound Road
Warren, MI 48090-9055

NVS-214ns
EA04-012

Dear Ms. Kent:

As you are aware, on April 30, 2004 the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) upgraded PE04-004 to an Engineering Analysis (EA04-012) to further investigate allegations of hydraulic pump failures resulting in a loss of power assist for steering and/or braking in MY 2000-2004 Chevrolet and GMC 2500 and 3500 series trucks.

This office has received an additional 11 reports since opening PE04-004. Copies of each of the 11 new reports are enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** All MY 2000-2004 Chevrolet and GMC 2500 and 3500 series trucks manufactured for sale or lease in the United States equipped with a hydro-boost system. Please note that ODI has expanded this definition to include MY 2003 and 2004, but limited it to hydro-boost equipped vehicles.
- **Subject component(s):** All versions of the hydraulic pump used to provide power assist to the braking and steering systems installed on the subject vehicles
- **Peer subject vehicles:** All MY 1995-1999 Chevrolet and GMC 2500 and 3500 series trucks manufactured for sale or lease in the United States equipped with hydro-boost.
- **GM:** General Motors Corporation, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4236

directly or indirectly (e.g., employee of a consultant) by or under the control of GM (including all business units and persons previously referred to), who are or, in or after January 1, 1998, were involved in any way with any of the following related to the alleged defect in the subject vehicles:

- a. Design, engineering, analysis, modification or production (e.g. quality control);
- b. Testing, assessment or evaluation;
- c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
- d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including, but not limited, to people who have the capacity to obtain information from dealers.

- **Alleged defect:** Any failure, malfunction or otherwise unsatisfactory performance of the hydraulic pump, resulting in a reduction or loss of power assist to the steering and/or braking system.
- **Crash:** Any event, regardless of dollar amount, in which a physical impact involving a subject vehicle causes personal injury, personal or public property damage, or results in destruction of roadway or utility property and arises from an allegation of loss of control of a subject vehicle.
- **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by GM, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any

other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by the manufacturer or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to continue its evaluation of the alleged defect, additional information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as GM has previously provided a document to ODI, GM may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After GM's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. Separately state, by model and model year, the number of subject vehicles that GM has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date by GM, state the following:
 - a. Vehicle identification number (VIN);
 - b. Make;
 - c. Model;
 - d. Model Year;
 - e. Date of manufacture;
 - f. Date warranty coverage commenced.

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table which provides further details regarding this submission.

2. State the number of each of the following, received by GM, or of which GM is otherwise aware, which relate to, or may relate to, the alleged defect in the subject vehicles:
 - a. Consumer complaints, including those from fleet operators;
 - b. Field reports, including dealer field reports;
 - c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
 - d. Property damage claims;
 - e. Third-party arbitration proceedings where GM is or was a party to the arbitration; and
 - f. Lawsuits, both pending and closed, in which GM is or was a defendant or codefendant.

For subparts "a" through "f," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "f," provide a summary description of the alleged problem and causal and contributing factors and GM's assessment of the problem, with a summary of the significant underlying facts and evidence. For items e and f, identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
 - a. GM's file number or other identifier used;
 - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. Vehicle's VIN;
 - e. Vehicle's make, model and model year;
 - f. Vehicle's mileage at time of incident;
 - g. Incident date;
 - h. Report or claim date;
 - i. Whether a crash is alleged;
 - j. Whether property damage is alleged;
 - k. Number of alleged injuries, if any; and
 - l. Number of alleged fatalities, if any.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table which provides further details regarding this submission.

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method GM used for organizing the documents.
5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by GM to date that relate to, or may relate to, the alleged defect in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. GM's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Concern stated by customer; and
- k. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table which provides further details regarding this submission.

6. Describe in detail the search criteria used by GM to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by GM on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) related to the alleged defect that GM offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.
7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that GM has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that GM's short name is planning to issue within the next 120 days.

8. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, returned warranty part inspections, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, GM and were not reported in the PE04-004 IR response. For each such action, provide the following information:
- a. Action title or identifier;
 - b. The actual or planned start date;
 - c. The actual or expected end date;
 - d. Brief summary of the subject and objective of the action;
 - e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
 - f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

9. Describe all modifications or changes made by, or on behalf of, GM in the design, material composition, manufacture, quality control, supply, or installation of the subject component, from the start of production to date, which relate to, or may relate to, the alleged defect in the subject vehicles. For each such modification or change that was not reported in the IR response to PE04-004, provide the following information:
- a. The date or approximate date on which the modification or change was incorporated into vehicle production;
 - b. A detailed description of the modification or change;
 - c. The reason(s) for the modification or change;
 - d. The part numbers (service and engineering) of the original component;
 - e. The part number (service and engineering) of the modified component;
 - f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
 - g. When the modified component was made available as a service component;
 - h. Whether the modified component can be interchanged with earlier production components; and
 - i. The number of subject vehicles built with the change.

Also, provide the above information for any modification or change that GM is aware of which may be incorporated into vehicle production within the next 120 days.

10. Please provide a complete technical description of the accumulator used on the subject vehicles. Include information relative to the performance of the accumulator. If multiple accumulators have been used, repeat for each version and indicate which accumulators were used on which models and model years.
11. State the number of each of the following that GM has sold that may be used in the subject vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale:
 - a. Subject component; and
 - b. Any kits that have been released, or developed, by GM for use in service repairs to the subject component/assembly.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number). Also identify by make, model and model year, any other vehicles of which GM is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

12. For each subject vehicle model please provide the following information:
 - a. GVWR
 - b. Front GAWR
 - c. Vehicle turning radius
 - d. Wheel cut
 - e. Scrub radius
 - f. Tire selection(s)
 - g. Steering gear ratio
13. For each of the 22 vehicles, in which a crash is alleged (see VIN list attached), please provide a complete list of power-train and suspension options installed on the vehicle when sold to the first retail producer (e.g. 2WD, 4WD, towing package, snowplow package, tire selection, etc). Provide a description of all option packages that details the included components and GM's intended use for each option package.
14. State the number of each of the following, received by GM, or of which GM is otherwise aware, which relate to, or may relate to, the alleged defect in "peer subject vehicles" of MY 1995-1999:
 - a. Consumer complaints, including those from fleet operators;
 - b. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
 - c. Warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign

For subparts "a" through "c," state the total number of each item separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a warranty claim involving the same incident in which a crash occurred are to be counted as a crash report, a warranty claim and a consumer complaint).

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PEER DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table which provides further details regarding this submission.

15. Provide copies of any marketing research, assessments, studies, and other similar efforts that GM has undertaken, or that have been taken on GM's behalf, that relate to the demographics of the subject vehicles' owners, whether anticipated, projected, or actual. Please include any such efforts conducted by GM or on its behalf that examined the physical characteristics of drivers and anticipated vehicle usage, such as for passenger, cargo, and trailer-hauling related duties.
16. Furnish GM's assessment of the alleged defect in the subject vehicle, including:
 - a. The causal or contributory factor(s);
 - b. The failure mechanism(s);
 - c. The failure mode(s);
 - d. The risk to motor vehicle safety that it poses;
 - e. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject component was malfunctioning; and
 - f. The crash reports included with this inquiry.

This letter is being sent to GM pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. GM's failure to respond promptly and fully to this letter could subject GM to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If GM cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, GM does not submit one or more requested documents or items of information in response to this information request, GM must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include

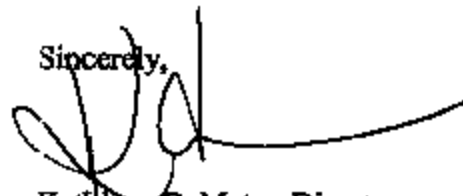
all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

GM's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by July 12, 2004. Please refer to EA04-012 in GM's response to this letter. If GM finds that it is unable to provide all of the information requested within the time allotted, GM must request an extension from me at (202) 366-4933 no later than five business days before the response due date. If GM is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information GM then has available, even if an extension has been granted.

If GM claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, GM must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. GM is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Nate Seymour of my staff at (202) 366-6965.

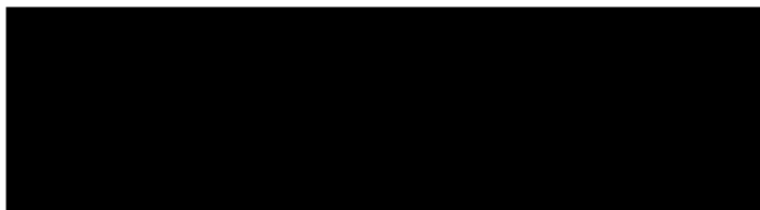
Sincerely,



Kathleen DeMeter, Director
Office of Defects Investigation

Enclosure 1, one CD ROM titled Data Collection Disc containing four files, copies of 12 VOQ's in Adobe pdf format and list of crash vehicles

12 VOQs (10063757, 10060670, 10058691, 10057757, 10057046, 10056310, 10055619, 10055433, 10055427, 10053178, 10066906)





U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

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Date Received

24-MAR-2004

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Reference No.

10063757

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1/

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GCGK29U9YB		Make CHEVROLET	Model SILVERADO	Model Year 2000
Date Purchased 29-DEC-03	Dealer's Name and Telephone Number BLESKIN MOTOR CO		Engine: No: Cylinders 6	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City GREAT FALLS	State MT	Zip Code 59405	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 015000 STEERING:HYDRAULIC POWER ASSIST SYSTEM Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 23-MAR-2004	Failure Mileage 31800	Failure Speed 0	
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; lay, parts repaired or replaced (and if old part is available).

I WAS BACKING OUT OF MY GARAGE AND MY 2000 SILVERADO 2500HD DIDN'T STEER AND I COULDN'T STEER IT. THERE WAS POWER STEERING OIL ON MY GARAGE FLOOR I HAVE 31800 MILES ON THE 6 LITER ENGINE. *NM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



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2001 FEB 26 13 9:36
20-JAN-2004

Reference No.
10055427

OWNER INFORMATION (Type or Print)

Name

Address

City

Do you
In the
State

Address

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
1G0GK29U7Y

Make
GMC

Model
SILVERADO

Model Year
2000

Date Purchased
12/31/99

Dealer's Name and Telephone Number
Von Holzer Inc 715-682-8141

Engine
No: Cylinders

Fuel Type:

Original Owner
☐

Dealer's City
Hudson

State
WI

Zip Code

8

Transmission Type
Auto

☒ Antilock Brakes

Powertrain

☒ Cruise Control

Vehicle Component Code

033000 SERVICE BRAKES, HYDRAULIC: POWER ASSIST

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
20-JAN-2004

Failure Mileage
62,000

Failure Speed
10 mph

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/85R15)

DOT No. (Example: DOTM18ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition(s), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure,
i.e. parts repaired or replaced (and if old part is available).

CONSUMER STATED THAT ABOUT 2 WEEKS AGO WHILE BACKING OUT OF GARAGE POWER BRAKES AND POWER STEERING FAILED.
CONSUMER SHUT OFF THE VEHICLE OFF AND THEN RESTARTED IT. VEHICLE WORKED PROPERLY AFTERWARDS. ALSO, CONSUMER STATED
THAT HE THAT THERE WAS OF A RECALL ON THIS VEHICLE. "AK"

Contacted GMC & reported the above. They gave
me this number 1-178-444-725. As a reporting number
Vehicle has not failed again. Also contacted dealer
service & explained problem.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.



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INTERNET www.nhtsa.dot.gov/hotline

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Date Received

26-FEB-2004

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Reference No.
10055427

OWNER INFORMATION (Type or Print)

Name

Address

City

Telephone Number

E-mail Address

Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GTGK29U7Y

Make

GMC

Model

SILVERADO

Model Year

2000

Date Purchased
31-DEC-99

Dealer's Name and Telephone Number
VON HOLZEN INC. 715-682-8141

Engine:
No: Cylinders 8

Fuel Type:

Original Owner
☐

Dealer's City
ASHLAND

State
WI

Zip Code

Transmission Type
AUTOMATIC

☒ Anti-lock Brakes
☒ Cruise Control

Powertrain

Vehicle Component Code

033000 SERVICE BRAKES, HYDRAULIC: POWER ASSIST

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
20-JAN-2004

Failure Mileage
62000

Failure Speed
10

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

The Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

CONSUMER STATED THAT ABOUT 2 WEEKS AGO WHILE BACKING OUT OF THE GARAGE, THE POWER BRAKES AND POWER STEERING FAILED. CONSUMER SHUT OFF THE VEHICLE OFF AND THEN RESTARTED IT. VEHICLE WORKED PROPERLY AFTERWARDS. *AK *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department
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DOT Auto Safety Hotline
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

14-JAN-2004

Repository ☐

Reference No.
10053178

OWNER INFORMATION (Type or Print)

Name

Address

City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date: 1 / 1 /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GCHC231XLF		Make CHEVROLET	Model 2500 HD	Model Year 2001
Date Purchased 28-NOV-00	Dealer's Name and Telephone Number		Engine: No: Cylinders 8	Fuel Type: Diesel
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 033200 SERVICE BRAKES, HYDRAULIC-POWER ASSIST-HYDRAULIC Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
30-DEC-2003

Failure Mileage
54613

Failure Speed
10

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
--	---	--------------------------------	-----------------------	-------------------------

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

2001 CHEVROLET 2500HD PICKUP HAD A COMPLETE POWER BRAKE AND POWER STEERING FAILURE ALMOST RESULTING IN A CRASH AS I WAS ALMOST NOT ABLE TO BRING THE VEHICLE TO A STOP. LUCKILY NO ONE WAS IN FRONT OF ME. MECHANIC STATES THAT PUMP SHAFT HAD A BREAK IN IT. I'VE STILL GOT THE PART IF THAT WOULD HELP WITH YOUR INVESTIGATION. LUCKILY I WAS NOT TOWING MY 10,000 POUND RV TRAILER AT THE TIME OF THE FAILURE OR I MAY NOT HAVE BEEN ABLE TO CONTROL THE VEHICLE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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Date Received

12-JAN-2004

Repository ☐

Reference No.
10053002

OWNER INFORMATION (Type or Print)

Name

Address

City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
CHEVROLET

Model
C/K 3500

Model Year
2001

Date Purchased

Dealer's Name and Telephone Number

Engine:
No: Cylinders 8

Fuel Type:
Gas

Original Owner
☐

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

☒ Anti-lock Brakes
☒ Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code
015100 STEERING:HYDRAULIC POWER ASSIST:PUMP

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
09-JAN-2004

Failure Mileage
127000

Failure Speed
45

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

I HAVE A 2001 CHEVROLET C3500 PICKUP, I AM A TRAILER PULLER FOR FEMA WHILE WORKING IN CA, AND DRIVING DOWN A STEEP MOUNTAIN SIDE WHEN I APPLIED MY BRAKES, MY POWER STEERING WENT OUT ALSO MY POWER BRAKES BECAME REAL HARD. LATER I CALLED MY DEALERSHIP TALKED WITH A TECHNICIAN, I WAS INFORMED THAT THEY WERE HAVING PROBLEMS WITH POWER STEERING PUMPS, I REMOVED MINE, FOUND HALF BROKEN, AFTER REPLACING POWER STEERING PUMP, STEERING AND BRAKES RETURNED TO NORMAL.
*LA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

This Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to a authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



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FOR AGENCY USE ONLY 100148

Date Received

08-MAR-2004

Repository ☐

Reference No.
10060670

OWNER INFORMATION (Type or Print)

Name

Address

City

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
3GNKG25G11G

Make
CHEVROLET

Model
SUBURBAN

Model Year
2001

Date Purchased
18-OCT-03

Dealer's Name and Telephone Number
JIM KEIL

Engine:
No. Cylinders 8

Fuel Type:
Gas

Original Owner
☐

Dealer's City
GRASS VALLEY

State
CA

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code
D15100 STEERING-HYDRAULIC POWER ASSIST-PUMP

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-MAR-2004

Failure Mileage
49000

Failure Speed
5

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

☐ Yes ☒ No

☐ Yes ☒ No

0

0

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE ATTEMPTING TO DEPART FROM PICKING UP OUR TRAVEL TRAILER, BOTH THE POWER STEERING AND BRAKES WENT OUT ON OUR 2500 4 WHEEL DRIVE SUBURBAN. THE ONLY THING THAT STOPPED THE SUBURBAN WAS THE TRAILER'S BRAKES. LUCKY WE WERE STILL IN THE PARKING LOT AND THEREFORE GOING SLOW.
UPON EXAMINATION, I PULLED THE SERPENTINE BELT OFF AND THE POWER STEERING PULLEY AND SHAFT CAME OFF.
FROM WHAT I UNDERSTAND THE STEERING AND THE BRAKES ARE CONNECTED. THIS CAN ALSO HAPPEN WHEN THE BRAKE BOOSTER GOES OUT.
THE GOOD THING IS THAT THIS NOT ONLY HAPPENED IN TOWN BUT NOT ON THE FREEWAY GOING DOWN A GRADE PULLING A 9,000 LBS TRAILER.
I HAVE REPLACED THE POWER STEERING PUMP AND AM IN THE PROCESS OF HAVING THE BRAKES BLEED AS THEY DON'T "FEEL" RIGHT. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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Date Received

22-FEB-2004

Repository ☐

Reference No.
10058691

OWNER INFORMATION (Type or Print)

Name

Address

City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1 / 1 / _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GCGK29U5Y1

Make
CHEVROLET

Model
SILVERADO

Model Year
2000

Date Purchased
17-APR-00

Dealer's Name and Telephone Number
CHASE CHEVROLET 209-475-6630

Engine:
No. Cylinders 8

Fuel Type:
Gas

Original Owner
☐

Dealer's City
STOCKTON

State
CA

Zip Code
95212

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code
015100 STEERING-HYDRAULIC POWER ASSIST-PUMP

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
19-FEB-2004

Failure Mileage
66002

Failure Speed
40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make

The Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM13ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE POWER STEERING PUMP FAILED WHICH MADE THE STEERING AND THE BRAKES EXTREMELY DIFFICULT TO OPERATE. *J8

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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DOT Auto Safety Hotline
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received

09-FEB-2004

Repository ☐

Reference No.
10057757

OWNER INFORMATION (Type or Print)

Name

Address

City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1 / 1 / _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GBHG31R9111

Make
CHEVROLET

Model
EXPRESS

Model Year
2001

Date Purchased
12-MAY-03

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner
☒

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

015100 STEERING HYDRAULIC POWER ASSIST PUMP

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example: P215/65R15)

DOT No. (Example: DOTMA15ABCS36)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

☐ Yes ☒ No

☐ Yes ☒ No

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING ON THE HIGHWAY ENGINE AND BRAKES FAILED AT THE SAME TIME. VEHICLE WAS TOWED TO THE DEALER, WHO DETERMINED THAT POWER STEERING SHAFT SEPARATED, AND DEALER REPLACED THE POWER STEERING PUMP. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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DOT Auto Safety Hotline

Vehicle Owner's Questionnaire To Report Vehicle Safety Defects

1-888-DASH-2-DOT
(1-888-327-4238)

INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

11-FEB-2004

Repository ☐

Reference No.
10057046

OWNER INFORMATION (Type or Print)

Name

Address

City

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GTGK29UZY

Make

GMC

Model

SIERRA

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

☒

Dealer's City

State

Zip Code

Transmission Type

☒

Antilock Brakes

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

015100 STEERING:HYDRAULIC POWER ASSIST:PUMP

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

08-FEB-2004

Failure Mileage

Failure Speed

15

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

☐ Original Equipment

☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

I WENT INTO A SLIDE ON ICE, SPINNING 180 DEGREES, I CAME TO A STOP WITHOUT HITTING ANYTHING. AFTER I GOT CONTROL I HAD NO POWER STEERING OR BRAKES. I DROVE THE TRUCK HOME AND INVESTIGATED THE PROBLEM WITH THE HELP OF FRIENDS AND A SPECIFIC REPAIR MANUAL. THE PROBLEM IS THE POWER STEERING SHAFT COMPLETELY SEVERED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

02-FEB-2004

Repository ☐

Reference No.
10056310

OWNER INFORMATION (Type or Print)

Name

Address

City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GCGK29UXYE

Make

CHEVROLET

Model

SILVERADO

Model Year

2000

Date Purchased
28-DEC-99

Dealer's Name and Telephone Number

Engine:

No. Cylinders 8

Fuel Type:

Gas

Original Owner

☒

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

033000 SERVICE BRAKES, HYDRAULIC; POWER ASSIST

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

31-JAN-2004

Failure Mileage

30000

Failure Speed

15

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

☐ Original Equipment

☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THIS OCCURRED ON SATURDAY, 1/31/04. VEHICLE MAKE: 2500 CHEVROLET SILVERADO, 3/4 TON, 6' BED, 6L ENGINE DESCRIPTION: I HAD TO MAKE A TIGHT RIGHT HAND TURN FROM A GAS STATION ONTO THE MAIN ROAD IN SYRACUSE, NEW YORK AS OPPOSING TRAFFIC WAS COMING AT ME. AFTER I COMPLETED THE TURN AND STARTED TO HEAD SOUTH ON THE MAIN FOUR LANE ROAD I IMMEDIATELY FOUND OUT THAT THE POWER STEERING WAS QUITE ROUGH. QUITE ROUGH WAS NOT THE WORD FOR IT AS THERE WAS NO POWER STEERING ABOUT A BLOCK FROM THAT POINT I HAD TO BRAKE AND FOUND OUT THAT THERE WERE NO POWER ASSISTED BRAKES ON THE VEHICLE. NO IDIOT LIGHTS CAME ON AT ALL AND THIS PRESENTED QUITE A SERIOUS PROBLEM ESPECIALLY WITH THE SNOW PLOW ATTACHED. BOTH THE FLUID IN THE MASTER BRAKE AND POWER STEERING CYLINDERS WERE RIGHT UP TO NORMAL LEVELS AND THE SERPENTINE BELT WAS RELATIVELY NEW AND INTACT! TRUST ME THAT I AM NOT HAPPY ABOUT THIS AT ALL FROM A VEHICLE THAT HAS ONLY 30,000 MILES ON IT AND HAS BEEN PLAGUED WITH VARIOUS MAJOR PROBLEMS THROUGHOUT ITS SOMEWHAT YOUTHFUL HISTORY INCLUDING TWO (2) FULL BRAKE JOBS TO DATE. I'M JUST THANKFUL THAT NO ONE WAS HURT INCLUDING MYSELF. I WANT THIS LETTER TO BE RELAYED TO THE CHEVROLET ZONE MANAGER AND I WOULD LIKE THEIR INPUT ON THE ISSUES THAT HAVE BEEN PRESENTED. AS A CONSUMER THERE IS NO WAY THAT BOTH THE POWER STEERING AND BRAKES SHOULD HAVE GONE AT THE SAME TIME, PLUS, THE FACT THAT THERE WERE NO INDICATIONS OF A MAJOR PR

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

26-FEB-2004

Repository ☐

Reference No.
10055619

OWNER INFORMATION (Type or Print)

Name

Address

City

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date _____/_____/_____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GCHK29U61E

Make

CHEVROLET

Model

SILVERADO

Model Year

2001

Date Purchased

Dealer's Name and Telephone Number
ANDERSON CHEVROLET

Engine

No: Cylinders 8

Fuel Type:

Gas

Original Owner

☒

Dealer's City

REDWOOD CITY

State

CA

Zip Code

94030

Transmission Type

☒ Antilock Brakes

Powertrain

4 WHEEL DRIVE

AUTOMATIC

☒ Cruise Control

Vehicle Component Code

033000 SERVICE BRAKES, HYDRAULIC:POWER ASSIST

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-JAN-2004

Failure Mileage

35000

Failure Speed

10

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make:

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19A8C036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE COMING TO A STOP ON A HILL THE CONSUMER APPLIED THE BRAKES HOWEVER THEY DID NOT OPERATE PROPERLY. WHEN BACKING OUT STEERING WHEEL DID NOT MOVE. THE CONSUMER HAD THE VEHICLE TOWED TO THE DEALER FOR ANALYSIS. THE DEALER DETERMINED THAT THE SHAFT IN THE POWER STEERING PUMP SNAPPED AND CAUSED THE BRAKES AND STEERING TO FAIL. THE DEALER REPLACED THE POWER BOOSTER, POWER STEERING PUMP AND SERPENTINE BELT. *AK *NM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with a administrative enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.



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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100184

Date Received

20-1AN-2004

Repository ☐

Reference No.
10055433

OWNER INFORMATION (Type or Print)

Name

Address

City

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side _____ Make CHEVROLET Model SUBURBAN Model Year 2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

015100 STEERING:HYDRAULIC POWER ASSIST:PUMP

Multiple Failure: 3

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)
04-NOV-2003

Failure Mileage
500

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOT145A BC136)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING AT ANY SPEED STEERING WHEEL STUCK. WHEN THIS OCCURRED IT FELT LIKE DRIVING WITHOUT POWER STEERING ASSIST. VEHICLE WAS TAKEN TO THE DEALER, WHO REPLACED THE POWER STEERING PUMP. ALSO WATER AND FUEL PUMPS WERE REPLACED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1368

Date Received

09-APR-2004

Repository ☐Reference No.
10066906

OWNER INFORMATION (Type or Print)

Name

Address

City

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

GMC

Model

SIERRA

Model Year

2002

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

☒

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

015000 STEERING:HYDRAULIC POWER ASSIST SYSTEM

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
04-APR-2004Failure Mileage
5008

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example: P215/65R15)

DOT No. (Example: DOTM4L9ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE MAKING A RIGHT HAND TURN CONSUMER LOST STEERING CONTROL. THIS CAUSED THE CONSUMER TO HIT A WALL. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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EA04-012 Crash Vehicles

Attachment #	OwnerFleet_L_Name	OwnerFleet_F_Name	OwnerFleetAre_aCode	OwnerFleetPhone	VIN
2A GM Report					1GCGK29U2Y
2C GM Report					1GTHK29U62
2B GM Report					1GCGK29U3Y
2B GM Report					1GCGK29U2Y
2B GM Report					1GCHK33G31
2E GM Report					1GCHK29U51
Match VOQ					
2B GM Report					1GCGK24R7Y
2A GM Report					1GCGK24R6Y
2B GM Report					1GTGK23JXY
2B GM Report					1GCHK29U62
2A GM Report					1GCGK29U6Y
2B GM Report					1GCGK24U3Y
2B GM Report					1GCGK29U1Y
2B GM Report					1GBJG31R12
2B GM Report					1GCHG35R5Y
2B GM Report					1GCGK23J7Y
2A GM Report					1GCGG29R4Y
2B GM Report					3GNGK26U12
2A GM Report					1GBHG31R51
2A GM Report					1GTHK33J5Y
2A GM Report					1GCGK24R4Y
ODI# 865823					1GTGK23J2Y